PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Braun et al.

Application No.:

09/830,457

Group No.:

1641

Filed:

October 9, 2001

Examiner:

LAM, Ann Y.

Confirmation No.:

8069

For:

METHOD FOR GOLD DEPOSITION

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 09/830,457 Filing Date TRANSMITTAL October 9, 2001 First Named Inventor **FORM** Erez Braun Art Unit 1641 **Examiner Name** Ann Y. Lam (to be used for all correspondence after initial filing) Attorney Docket Number 201448-000341 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC X Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify **Terminal Disclaimer Extension of Time Request** below): Certificate of Mailing and Return Request for Refund Express Abandonment Request Receipt Postcard CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) The Commissioner is hereby authorized to charge any fee deficiency or credit any overpayment to the Nixon Peabody LLP Deposit Account No. 50-0850. Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Nixon Peabody LLP, 100 Summer Street, Boston, MA 02110 Signature Printed name David S. Resnick Date Reg. No. 34,235 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in argenvelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Date 08/23/2005 Linda M **G**insberg Typed or printed name

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to a collection of information underset department of the control number.

Effective on 12/08/2004.			Complete if Known				
Fees pursuant to the Consolidated App		, , ,	Application Number	09/830,457			
FEE TRANSMITTAL For FY 2005 X Applicant claims small entity status. See 37 CFR 1.27			Filing Date	October 9, 2001			
			First Named Inventor	Erez Braun			
			Examiner Name	Ann Y. Lam			
			Art Unit	1641			
TOTAL AMOUNT OF PAYMENT	(\$) 535.00		Attorney Docket No.	201448-000341			
METHOD OF PAYMENT (chec	ck all tha	it apply)					

TOTAL AMOUNT OF PAY	MENI (\$)	333.00		Attorney Docke	t No. 201	448-00034	1
METHOD OF PAYMEN	T (check all	that apply)	7				
Check Credit of X Deposit Account of For the above-ident of X Charge fee(s X Charge any a under 37 CFF WARNING: Information on this information and authorization	Deposit Accountified deposit and indicated beautitional fee R 1.16 and 1. s form may be	account, the Direct elow (s) or underpayment 17 come public. Credi	ents of fee	Deposit Areby authorized to Charge (s) X Credi	ge fee(s) indic t any overpa	Nixon hat apply) cated below, ex yments	n Peabody LLP xcept for the filing fee
FEE CALCULATION							
1. BASIC FILING, SEAF	FILING I			CH FEES Small Entity		ATION FEES Small Entity	
Application Type	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple De						Small Entity Fee (\$) 25 100 180 Dependent Claims	
- 20 or HP =		_ ×	_=			Fee (\$)	Fee Paid (\$)
HP = highest number of total Indep. Claims	Extra Clain	ns <u>Fee (\$)</u> x	. =	Paid (\$)			
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x 125.00 = 0.00							
–	Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)
Other (e.g., late filing	g surcharge): Notice of Ap	peal \$2	50.00 and Ex	t. of Time	285.00	535.00

SUBMITTED BY				
Signature		Registration No. (Attorney/Agent)	34,235	Telephone 617-345-6057
Name (Print/Type	David S. Resnick	***************************************		Date August 23, 2005

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